

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH  
Acting Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

From: Abdi Elmi, Section Chief Fiscal Services  
Date: August 12, 2020  
Subject: Fringe & Indirect Rate for State Fiscal Year 2021

### FISCAL MEMORANDUM 21-01

According to the Connecticut Office of State Comptroller (OSC) Memorandum No. 2019-07, the 2020-2021 fringe benefit recovery rates are listed below:

#### OSC Fringe Benefit Recovery Rate – Memorandum No. 2019-07 Fiscal Year 2021 (7/1/2020 – 6/30/2021)

Account Code	Rate	Description
50430	0.00%	Unemployment Compensation
50471	59.99%	Employer SERS Retirement Regular Employee
50441	6.20%	Employer Share FICA – Social Security
50442	1.45%	Employer Share FICA – Medicare

Please use the following fringe benefit rates for federal grants for newly proposed positions. These estimates are for planning purposes only.

#### Department of Public Health – Fringe Benefit Rate Estimate Fiscal Year 2021 (7/1/2020 – 6/30/2021)

Account Code	Rate	Description
50410	0.11%	Life Insurance
50420	21.54%	Medical Insurance
50430	0.05%	Unemployment Compensation
50471	64.14%	Employer SERS Retirement Regular Employee
50441	6.20%	Employer Share FICA – Social Security
50442	1.45%	Employer Share FICA - Medicare

**Estimated Fringe Benefit Rate = 93.49%**

**Total Indirect Cost Rate = 40%**



Phone: (860) 509-7225 • Fax: (860) 509-7227  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*





## Budget Narrative File(s)

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\* **Mandatory Budget Narrative Filename:**

Add Mandatory Budget Narrative

Delete Mandatory Budget Narrative

View Mandatory Budget Narrative

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To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative

Delete Optional Budget Narrative

View Optional Budget Narrative

## EPA KEY CONTACTS FORM

**Authorized Representative:** *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

<b>Name:</b>	<b>Prefix:</b>	<b>First Name:</b>	<b>Middle Name:</b>
		Deidre	S.
	<b>Last Name:</b>		<b>Suffix:</b>
	Gifford		M.D.
<b>Title:</b>	Acting Commissioner		
<b>Complete Address:</b>			
<b>Street1:</b>	State of Connecticut, Department of Public Health		
<b>Street2:</b>	410 Capitol Avenue, MS#13COM, P.O.Box 340308		
<b>City:</b>	Hartford	<b>State:</b>	CT: Connecticut
<b>Zip / Postal Code:</b>	06134-0308	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	860-509-7101	<b>Fax Number:</b>	
<b>E-mail Address:</b>	deidre.gifford@ct.gov		

**Payee:** *Individual authorized to accept payments.*

<b>Name:</b>	<b>Prefix:</b>	<b>First Name:</b>	<b>Middle Name:</b>
		Thomas	
	<b>Last Name:</b>		<b>Suffix:</b>
	Okafor		M.A.
<b>Title:</b>	Chief Operations Officer		
<b>Complete Address:</b>			
<b>Street1:</b>	State of Connecticut, Department of Public Health		
<b>Street2:</b>	410 Capitol Avenue, MS#13ADM, P.O.Box 340308		
<b>City:</b>	Hartford	<b>State:</b>	CT: Connecticut
<b>Zip / Postal Code:</b>	06134-0308	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	860-509-7121	<b>Fax Number:</b>	
<b>E-mail Address:</b>	Thomas.Okafor@ct.gov		

**Administrative Contact:** *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

<b>Name:</b>	<b>Prefix:</b>	<b>First Name:</b>	<b>Middle Name:</b>
		Abdi	
	<b>Last Name:</b>		<b>Suffix:</b>
	Elmi		
<b>Title:</b>	Section Chief, Fiscal Services		
<b>Complete Address:</b>			
<b>Street1:</b>	State of Connecticut, Department of Public Health		
<b>Street2:</b>	410 Capitol Avenue, MS#13FIS, P.O.Box 340308		
<b>City:</b>	Hartford	<b>State:</b>	CT: Connecticut
<b>Zip / Postal Code:</b>	06134-0308	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	860-509-7225	<b>Fax Number:</b>	
<b>E-mail Address:</b>	abdi.elmi@ct.gov		

# EPA KEY CONTACTS FORM

**Project Manager:** *Individual responsible for the technical completion of the proposed work.*

**Name:** Prefix:  **First Name:**  **Middle Name:**   
**Last Name:**  **Suffix:**   
**Title:**

**Complete Address:**

**Street1:**   
**Street2:**   
**City:**  **State:**   
**Zip / Postal Code:**  **Country:**   
**Phone Number:**  **Fax Number:**   
**E-mail Address:**

## Preaward Compliance Review Report for All Applicants and Recipients Requesting EPA Financial Assistance

Note: Read Instructions before completing form.

### I. A. Applicant/Recipient (Name, Address, City, State, Zip Code)

Name:

Address:

City:

State:  Zip Code:

B. DUNS No.

II. Is the applicant currently receiving EPA Assistance? ☒ Yes ☐ No

III. List all civil rights lawsuits and administrative complaints pending against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7.)

Connecticut Commission on Human Rights and Opportunities complaint nos.:1510393,1910169,1910350,1910379, and 3:19-cv-00600, Connecticut District Court

IV. List all civil rights lawsuits and administrative complaints decided against the applicant/recipient within the last year that allege discrimination based on race, color, national origin, sex, age, or disability and enclose a copy of all decisions. Please describe all corrective actions taken. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7.)

None

V. List all civil rights compliance reviews of the applicant/recipient conducted by any agency within the last two years and enclose a copy of the review and any decisions, orders, or agreements based on the review. Please describe any corrective action taken. (40 C.F.R. § 7.80(c)(3))

None

VI. Is the applicant requesting EPA assistance for new construction? If no, proceed to VII; if yes, answer (a) and/or (b) below.

☐ Yes ☒ No

a. If the grant is for new construction, will all new facilities or alterations to existing facilities be designed and constructed to be readily accessible to and usable by persons with disabilities? If yes, proceed to VII; if no, proceed to VI(b).

☐ Yes ☐ No

b. If the grant is for new construction and the new facilities or alterations to existing facilities will not be readily accessible to and usable by persons with disabilities, explain how a regulatory exception (40 C.F.R. 7.70) applies.

VII. Does the applicant/recipient provide initial and continuing notice that it does not discriminate on the basis of race, color, national origin, sex, age, or disability in its program or activities? (40 C.F.R. 5.140 and 7.95)

☒ Yes ☐ No

a. Do the methods of notice accommodate those with impaired vision or hearing?

☒ Yes ☐ No

b. Is the notice posted in a prominent place in the applicant's offices or facilities or, for education programs and activities, in appropriate periodicals and other written communications?

☒ Yes ☐ No

c. Does the notice identify a designated civil rights coordinator?

☒ Yes ☐ No

VIII. Does the applicant/recipient maintain demographic data on the race, color, national origin, sex, age, or handicap of the population it serves? (40 C.F.R. 7.85(a))

☐ Yes ☐ No

IX. Does the applicant/recipient have a policy/procedure for providing access to services for persons with limited English proficiency? (40 C.F.R. Part 7, E.O. 13166)

☐ Yes ☐ No

- X. If the applicant is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 7? Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator.**

Amanda Anduaga-Roberson, Equal Employment Opportunity Manager, CT Dept. of Public Health , 410 Capitol Avenue, Hartford, CT 06134; email: amanda.anduaga-roberson@ct.gov; fax: 860.509.7111; telephone: 860.509.7297

- XI. If the applicant is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 7? Provide a legal citation or Internet Address for, or a copy of, the procedures.**

Yes- see attached documents

**For the Applicant/Recipient**

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations.

A. Signature of Authorized Official

Rachel J Nowek

B. Title of Authorized Official

Deputy Commissioner

C. Date

07/17/2020

**For the U.S. Environmental Protection Agency**

I have reviewed the information provided by the applicant/recipient and hereby certify that the applicant/recipient has submitted all preaward compliance information required by 40 C.F.R. Parts 5 and 7; that based on the information submitted, this application satisfies the preaward provisions of 40 C.F.R. Parts 5 and 7; and that the applicant has given assurance that it will fully comply with all applicable civil rights statutes and EPA regulations.

A. \*Signature of Authorized EPA Official

B. Title of Authorized Official

C. Date

**\* See Instructions**

Instructions for EPA FORM 4700-4 (Rev. 06/2014)

General. Recipients of Federal financial assistance from the U.S. Environmental Protection Agency must comply with the following statutes and regulations.

Title VI of the Civil Rights Acts of 1964 provides that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The Act goes on to explain that the statute shall not be construed to authorize action with respect to any employment practice of any employer, employment agency, or labor organization (except where the primary objective of the Federal financial assistance is to provide employment). Section 13 of the 1972 Amendments to the Federal Water Pollution Control Act provides that no person in the United States shall on the ground of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under the Federal Water Pollution Control Act, as amended. Employment discrimination on the basis of sex is prohibited in all such programs or activities. Section 504 of the Rehabilitation Act of 1973 provides that no otherwise qualified individual with a disability in the United States shall solely by reason of disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Employment discrimination on the basis of disability is prohibited in all such programs or activities. The Age Discrimination Act of 1975 provides that no person on the basis of age shall be excluded from participation under any program or activity receiving Federal financial assistance. Employment discrimination is not covered. Age discrimination in employment is prohibited by the Age Discrimination in Employment Act administered by the Equal Employment Opportunity Commission. Title IX of the Education Amendments of 1972 provides that no person in the United States on the basis of sex shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance. Employment discrimination on the basis of sex is prohibited in all such education programs or activities. Note: an education program or activity is not limited to only those conducted by a formal institution. 40 C.F.R. Part 5 implements Title IX of the Education Amendments of 1972. 40 C.F.R. Part 7 implements Title VI of the Civil Rights Act of 1964, Section 13 of the 1972 Amendments to the Federal Water Pollution Control Act, and Section 504 of The Rehabilitation Act of 1973. The Executive Order 13166 (E.O. 13166) entitled; "Improving Access to Services for Persons with Limited English Proficiency" requires Federal agencies work to ensure that recipients of Federal financial assistance provide meaningful access to their LEP applicants and beneficiaries.

Items "Applicant" means any entity that files an application or unsolicited proposal or otherwise requests EPA assistance. 40 C.F.R. §§ 5.105, 7.25. "Recipient" means any entity, other than applicant, which will actually receive EPA assistance. 40 C.F.R. §§ 5.105, 7.25. "Civil rights lawsuits and administrative complaints" means any lawsuit or administrative complaint alleging discrimination on the basis of race, color, national origin, sex, age, or disability pending or decided against the applicant and/or entity which actually benefits from the grant, but excluding employment complaints not covered by 40 C.F.R. Parts 5 and 7. For example, if a city is the named applicant but the grant will actually benefit the Department of Sewage, civil rights lawsuits involving both the city and the Department of Sewage should be listed. "Civil rights compliance review" means any review assessing the applicant's and/or recipient's compliance with laws prohibiting discrimination on the basis of race, color, national origin, sex, age, or disability. Submit this form with the original and required copies of applications, requests for extensions, requests for increase of funds, etc. Updates of information are all that are required after the initial application submission. If any item is not relevant to the project for which assistance is requested, write "NA" for "Not Applicable." In the event applicant is uncertain about how to answer any questions, EPA program officials should be contacted for clarification. \* Note: Signature appears in the Approval Section of the EPA Comprehensive Administrative Review For Grants/Cooperative Agreements & Continuation/Supplemental Awards form.



## Other Attachment File(s)

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\* Mandatory Other Attachment Filename:

Add Mandatory Other Attachment

Delete Mandatory Other Attachment

View Mandatory Other Attachment

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To add more "Other Attachment" attachments, please use the attachment buttons below.

Add Optional Other Attachment

Delete Optional Other Attachment

View Optional Other Attachment

## Project Narrative File(s)

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**\* Mandatory Project Narrative File Filename:** 1235-CTDPH Work Plan for WIIN Pb grant-6.23.pdf

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

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To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

## Application for Federal Assistance SF-424

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

\* 3. Date Received:

07/17/2020

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name:

State of Connecticut, Department of Public Health

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

06-6000798

\* c. Organizational DUNS:

8078537910000

d. Address:

\* Street1:

410 Capitol Avenue

Street2:

MS# 12DWS, P.O.Box 340308

\* City:

Hartford

County/Parish:

\* State:

CT: Connecticut

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

06134-0308

e. Organizational Unit:

Department Name:

CT Department of Public Health

Division Name:

Drinking Water Section

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

\* First Name:

Lori

Middle Name:

\* Last Name:

Mathieu

Suffix:

Title:

Public Health Branch Chief

Organizational Affiliation:

\* Telephone Number:

860-509-7333

Fax Number:

\* Email:

lori.mathieu@ct.gov

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

Environmental Protection Agency

### 11. Catalog of Federal Domestic Assistance Number:

66.444

CFDA Title:

Lead Testing in School and Child Care Program Drinking Water (SDWA 1464(d))

### \* 12. Funding Opportunity Number:

EPA-CEP-02

\* Title:

EPA Mandatory Grant Programs

### 13. Competition Identification Number:

Title:

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

To implement a Connecticut program to help protect children from lead exposure in drinking water at schools and child care facilities.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant

90

\* b. Program/Project

ct-all

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

10/01/2020

\* b. End Date:

09/30/2022

**18. Estimated Funding (\$):**

\* a. Federal

354,000.00

\* b. Applicant

0.00

\* c. State

0.00

\* d. Local

0.00

\* e. Other

0.00

\* f. Program Income

0.00

\* g. TOTAL

354,000.00

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:

\* First Name:

Heather

Middle Name:

\* Last Name:

Aaron

Suffix:

MPH, LNHA

\* Title:

Deputy Commissioner

\* Telephone Number:

860-509-7101

Fax Number:

\* Email:

heather.aaron@ct.gov

\* Signature of Authorized Representative:

Rachel J Nowek

\* Date Signed:

07/17/2020

# BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006  
Expiration Date: 02/28/2022

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity  (a)	Catalog of Federal Domestic Assistance Number  (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. State Lead Testing in School and Child Care Program	66.444	\$	\$	\$ 354,000.00	\$	\$ 354,000.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 354,000.00	\$	\$ 354,000.00

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### SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	State Lead Testing in School and Child Care Program				
<b>a. Personnel</b>	\$ 108,658.00	\$	\$	\$	\$ 108,658.00
<b>b. Fringe Benefits</b>	98,943.00				98,943.00
<b>c. Travel</b>	0.00				0.00
<b>d. Equipment</b>	0.00				0.00
<b>e. Supplies</b>	14,160.00				14,160.00
<b>f. Contractual</b>	80,000.00				80,000.00
<b>g. Construction</b>	0.00				0.00
<b>h. Other</b>	8,776.00				8,776.00
<b>i. Total Direct Charges (sum of 6a-6h)</b>	310,537.00				\$ 310,537.00
<b>j. Indirect Charges</b>	43,463.00				\$ 43,463.00
<b>k. TOTALS (sum of 6i and 6j)</b>	\$ 354,000.00	\$	\$	\$	\$ 354,000.00
<b>7. Program Income</b>	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	State Lead Testing in School and Child Care Program	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. TOTAL (sum of lines 8-11)		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ <input type="text" value="354,000.00"/>	\$ <input type="text" value="88,500.00"/>	\$ <input type="text" value="88,500.00"/>	\$ <input type="text" value="88,500.00"/>	\$ <input type="text" value="88,500.00"/>
14. Non-Federal	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ <input type="text" value="354,000.00"/>	\$ <input type="text" value="88,500.00"/>	\$ <input type="text" value="88,500.00"/>	\$ <input type="text" value="88,500.00"/>	\$ <input type="text" value="88,500.00"/>

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)			
		(b)First	(c) Second	(d) Third	(e) Fourth
16.	State Lead Testing in School and Child Care Program	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
17.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. TOTAL (sum of lines 16 - 19)		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: <input type="text"/>	22. Indirect Charges: <input type="text"/>
23. Remarks: <input type="text"/>	



## STATE AND LOCAL GOVERNMENTS RATE AGREEMENT

EIN: 1066000798A9

DATE: 06/14/2016

ORGANIZATION:

FILING REF.: The preceding  
agreement was dated  
07/17/2012

State of Connecticut

Department of Public Health

410 Capitol Avenue, P.O.Box 340308

Hartford, CT 06134-

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

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### SECTION I: INDIRECT COST RATES

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RATE TYPES:      FIXED              FINAL              PROV. (PROVISIONAL)      PRED. (PREDETERMINED)

#### EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2016	06/30/2020	40.00	All	(1)
FIXED	07/01/2016	06/30/2020	40.00	All	(2)
PROV.	07/01/2020	06/30/2022	40.00	All	(1)
PROV.	07/01/2020	06/30/2022	40.00	All	(2)

#### \*BASE

Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.

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(1) Applicable to all programs except Federal contracts

(2) Applicable to Federal contracts

ORGANIZATION: State of Connecticut Department of Public Health  
AGREEMENT DATE: 6/14/2016

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**SECTION II: SPECIAL REMARKS**

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TREATMENT OF FRINGE BENEFITS:

Fringe benefits applicable to direct salaries and wages are treated as direct costs.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Accrued vacation and sick leave pay at retirement are not part of the normal cost for salaries and wages. These costs are included in the organization's indirect cost rate.

Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year, and an acquisition cost of \$5,000 or more per unit effective July 1, 2015.

Your next proposal based on actual costs for the fiscal year ending 6/30/19 is due in our office by 12/31/19.

- (1) Applicable to all programs except Federal contracts.
- (2) Applicable to Federal contracts.

ORGANIZATION: State of Connecticut Department of Public Health  
AGREEMENT DATE: 6/14/2016

### SECTION III: GENERAL

#### A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

#### B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

#### C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

#### D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

#### E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

State of Connecticut Department of Public Health

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -A

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

6/14/2016

(DATE) 0615

HHS REPRESENTATIVE:

Council Moore

Telephone:

(212) 264-2069

**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.


**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 		TITLE Deputy Commissioner	
APPLICANT ORGANIZATION State of Connecticut Department of Public Health		DATE SUBMITTED 4/22/2020	



## CERTIFICATIONS

### 1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

### 2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management  
 Office of Grants Management  
 Office of the Assistant Secretary for Management and Budget  
 Department of Health and Human Services  
 200 Independence Avenue, S.W., Room 517-D  
 Washington, D.C. 20201

### 3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### 4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

## 5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE


Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Deputy Commissioner	
APPLICANT ORGANIZATION State of Connecticut Department of Public Health		DATE SUBMITTED 4.22-2020





EPA Project Control Number

## CERTIFICATION REGARDING LOBBYING

### CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31 U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Heather Aaron, Deputy Commissioner, Department of Public Health

Typed Name & Title of Authorized Representative

Signature and Date of Authorized Representative

The public reporting and recordkeeping burden for this collection of information is estimated to average 15 minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

## Preaward Compliance Review Report for All Applicants and Recipients Requesting EPA Financial Assistance

Note: Read instructions before completing form.

I. A. Applicant/Recipient (Name, Address, City, State, Zip Code)

Name:   
Address:   
City:   
State:  Zip Code:

B. DUNS No.

II. Is the applicant currently receiving EPA Assistance? ☒ Yes ☐ No

III. List all civil rights lawsuits and administrative complaints pending against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7.)

IV. List all civil rights lawsuits and administrative complaints decided against the applicant/recipient within the last year that allege discrimination based on race, color, national origin, sex, age, or disability and enclose a copy of all decisions. Please describe all corrective actions taken. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7.)

V. List all civil rights compliance reviews of the applicant/recipient conducted by any agency within the last two years and enclose a copy of the review and any decisions, orders, or agreements based on the review. Please describe any corrective action taken. (40 C.F.R. § 7.80(c)(3))

VI. Is the applicant requesting EPA assistance for new construction? If no, proceed to VII; if yes, answer (a) and/or (b) below.

☐ Yes ☒ No

a. If the grant is for new construction, will all new facilities or alterations to existing facilities be designed and constructed to be readily accessible to and usable by persons with disabilities? If yes, proceed to VII; if no, proceed to VI(b).

☐ Yes ☐ No

b. If the grant is for new construction and the new facilities or alterations to existing facilities will not be readily accessible to and usable by persons with disabilities, explain how a regulatory exception (40 C.F.R. 7.70) applies.

VII. Does the applicant/recipient provide initial and continuing notice that it does not discriminate on the basis of race, color, national origin, sex, age, or disability in its program or activities? (40 C.F.R. 5.140 and 7.95)

☒ Yes ☐ No

a. Do the methods of notice accommodate those with impaired vision or hearing?

☒ Yes ☐ No

b. Is the notice posted in a prominent place in the applicant's offices or facilities or, for education programs and activities, in appropriate periodicals and other written communications?

☒ Yes ☐ No

c. Does the notice identify a designated civil rights coordinator?

☒ Yes ☐ No

VIII. Does the applicant/recipient maintain demographic data on the race, color, national origin, sex, age, or handicap of the population it serves? (40 C.F.R. 7.85(a))

☒ Yes ☐ No

IX. Does the applicant/recipient have a policy/procedure for providing access to services for persons with limited English proficiency? (40 C.F.R. Part 7, E.O. 13166)

☒ Yes ☐ No

- X. If the applicant is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 7? Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator.

Amanda Anduaga-Roberson, Equal Employment Opportunity Manager, CT Dept. of Public Health, 410 Capitol Avenue, Hartford, CT 06134; email: amanda.anduaga-roberon@ct.gov; fax: 860,509.7111; telephone number: 860.509.7267

- XI. If the applicant is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 7? Provide a legal citation or Internet Address for, or a copy of, the procedures.

Yes - see attached documents

**For the Applicant/Recipient**

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations.

A. Signature of Authorized Official



B. Title of Authorized Official

Commissioner  
CT Dept. of Public Health

C. Date

5/29/19

**For the U.S. Environmental Protection Agency**

I have reviewed the information provided by the applicant/recipient and hereby certify that the applicant/recipient has submitted all preaward compliance information required by 40 C.F.R. Parts 5 and 7; that based on the information submitted, this application satisfies the preaward provisions of 40 C.F.R. Parts 5 and 7; and that the applicant has given assurance that it will fully comply with all applicable civil rights statutes and EPA regulations.

A. \*Signature of Authorized EPA Official

\_\_\_\_\_

B. Title of Authorized Official

\_\_\_\_\_

C. Date

\_\_\_\_\_

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.  
Commissioner

Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

### DISCRIMINATION COMPLAINT PROCESS

In accordance with Section 46a-68-89 of the Regulations of Connecticut State Agencies, the Department of Public Health is an equal opportunity employer/provider that ensures equal access to employment and services for all individuals, without regard to race, color, religious creed, age, sex including sexual harassment, marital status, national origin, ancestry, intellectual disability, physical disability, past or present history of mental disability learning disability and disability as defined by the Americans with Disabilities Act (ADA), sexual orientation, gender identity and expression, genetic information, prior conviction of a crime, pregnancy or workplace hazards to reproductive systems, domestic violence and previous opposition unless there is a bona fide occupational qualification excluding persons in one of these protected classes.

Pursuant to subsections (4) (A) (B) and (C) of Section §46a-68 (a) of the Connecticut General Statutes the designated Equal Employment Opportunity officer is responsible for mitigating any discriminatory conduct within the Department, investigating all complaints of discrimination made against the Department and reporting all findings to the Commissioner.

This discrimination complaint procedure for employees and those seeking employment or services with the Department, is consistent with Chapters 67 & 68 of the Connecticut General Statutes and provides for expeditious resolution to assure that legal options for filing complaints with enforcement agencies are not foreclosed.

Consistent with Section 46a-68-89 of the Affirmative Action Regulations, this complaint procedure includes:

- (1) Periodic training in counseling and grievance complaint investigations for agency counselors;
- (2) Confidential counseling and procedures for informal resolution at the agency level by the Equal Employment Opportunity Officer;
- (3) Notice to employees that an agency discrimination complaint process is available;
- (4) A guarantee of non-retaliation for the exercise of rights granted pursuant through this section;
- (5) Advisement of legal rights to file complaints with the Connecticut Commission on Human Rights and Opportunities; United States Equal Employment Opportunity Commission; United States Department of Labor, Wage and Hour Division; and any other agencies, state, federal or local, that enforce laws concerning discrimination in employment; and
- (6) Time frames not exceeding ninety (90) days for filing, processing, and resolution of such matters.



Phone: (860) 509-8000 • Fax: (860) 509-7184  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*

All records of complaints and dispositions are maintained and reviewed on a regular basis by the Equal Employment Opportunity Officer to detect any patterns in the nature of complaints. Records so retained will be confidential, except where disclosure is required by law.

**Complaint Procedure:**

Any person applying for employment, currently employed, that is constituent, provider or other party involved with the Department of Public Health who feels that he or she has been subjected to discrimination or harassment has the right to file a complaint with the DPH Affirmative Action Office.

1. Complaints of alleged discrimination may be made to the Affirmative Action Office/Equal Employment Opportunity officer in any of the following ways: in writing, via e-mail, by telephone or in person. Complaints should be made as soon as possible and should be filed within thirty (30) calendar days of the occurrence or last occurrence of the alleged discrimination.
2. The complaining party may be interviewed regarding the alleged act(s) of discrimination, given an explanation of investigation process and given a list of alternative avenues available through state and federal agencies.
3. The Equal Employment Opportunity Officer (EEOO) will send a "Notice of Alleged Discrimination" to the Commissioner summarizing the issues of the complaint. The Equal Employment Opportunity officer will contact anyone named in the complaint.
4. During the investigation, the EEOO may endeavor to mitigate or resolve any complaint at the lowest level possible including informally meeting to reach a satisfactory resolution. If the complaint is not resolved, the Equal Employment officer will continue the investigatory process.
5. A fair and equitable resolution will be sought in all cases. When a satisfactory resolution cannot be reached, the employee or applicant will again be advised of other avenues of redress. All records of complaints and dispositions shall be maintained and reviewed on a regular basis by the Affirmative Action Office to detect any patterns in the nature of these complaints.

**Protection of Rights Provision**

1. No person should willfully interfere with, restrain, intimidate, threaten, coerce or otherwise impair the processing of any complaints taken under this procedure, or in any way restrict or impair the employment rights of the employee, prospective employee or any witness participating in complaints taken under this procedure. Department staff made aware of such violations will immediately inform the Equal Employment Opportunity staff for investigation and appropriate disciplinary action including, but not necessarily limited to, the following: written reprimand, suspension or dismissal.

2. The confidentiality of all investigations and counseling will be protected by the issuance of this procedure. Confidentiality is essential to the successful implementation of this procedure. In responding to a discrimination or harassment complaint, disclosure of information relating to the complaint and the identity of the grievant will be on a "need to know" basis. Confidentiality will be stressed at all times.
3. The Equal Employment Opportunity staff will inform the affected individual(s) of his/her rights. The filing of a complaint will in no way affect the treatment of any individual in any future considerations of employment.
4. This procedure shall not be construed as having the effect of barring any person from due process of law. If any person feels that he/she has been treated in a discriminatory manner, a complaint may be filed directly with the Connecticut Commission on Human Rights and Opportunities, the United States Equal Employment Opportunity Commission or any other state, federal, or local agency that enforces laws concerning discrimination in employment.
5. Any employee or witness may informally bring forth a claim of alleged discrimination or harassment without following the above prescribed internal discrimination complaint procedure. Nevertheless, the Equal Employment Opportunity staff may have an independent obligation to investigate any claim of alleged discrimination or harassment brought to their attention and to pursue a course of appropriate action.

**Counseling or Filing Discrimination Complaint:**

1. Any individual requesting counseling or wishing to discuss a complaint will meet with the Equal Employment Opportunity Manager/Officer, Amanda Anduaga-Roberson in a private area. Issues discussed during such sessions will be kept as confidential as possible, consistent with DPH's legal obligations.
2. Any individual may file a discrimination or harassment complaint with Department of Public Health, Affirmative Action Office  
Amanda Anduaga-Roberson, Equal Employment Opportunity Manager/Officer  
410 Capitol Avenue, 3FL Hartford, CT  
Phone: 860.509.7220, VP: (860) 899-1611 or via electronic mail: [amanda.anduaga-roberson@ct.gov](mailto:amanda.anduaga-roberson@ct.gov)

\* If you require aid or accommodation to participate fully and fairly in this procedure or require a copy of this procedure in an alternative format contact Amanda Anduaga-Roberson, DPH Equal Employment Opportunity Manager & ADA Compliance Coordinator (contact information above).

DISCRIMINATION COMPLAINT AGENCIES

An individual has the right to file his or her complaint of discrimination with any or all of the relevant agencies listed below. The individual can also simultaneously avail himself or herself of the Department of Public Health's Discrimination Complaint Procedure.

1. The Connecticut Commission on Human Rights & Opportunities

<u>CHRO - Capitol Regional Office</u> 450 Columbus Blvd., Suite 2 Hartford, CT 06103-1835 Tel: (860) 566-7710 TDD: (860) 566-7710	<u>Southwest Region</u> 350 Fairfield Avenue, 6 <sup>th</sup> Floor Bridgeport, CT 06604 Tel: (203) 579-6246 TDD: (203) 579-6246
<u>West Central Regional Office</u> Rowland Government Center 55 West Main Street, Suite 210 Waterbury, CT 06702-2004 Tel: (203) 805-6530 TDD: (203) 805-6579	<u>Eastern Regional Office</u> 100 Broadway Norwich, CT 06360 Tel: (860) 886-5703 TDD: (860) 866-5707
<u>CHRO Central Office</u> 450 Columbus Blvd., Suite 2 Hartford, CT 06103-1835 Tel: (860) 566-7710 TDD: (860) 566-7710	

Complaints should be filed with the Commission on Human Rights and Opportunities no later than one hundred and eighty (180) days after the alleged act of employment discrimination occurred.

2. The Equal Employment Opportunities Commission

John F. Kennedy Federal Office Building  
475 Government Center  
Boston, MA 02203  
Tel: (617) 565-3200

Complaints should be filed with the Equal Employment Opportunities Commission no later than one hundred and eighty (180) days after the alleged act of employment discrimination occurred, except that in a case when the aggrieved person has initially filed a complaint with the Commission on Human Rights and Opportunities, such complaint should be filed no later than three hundred (300) days after the alleged act of employment discrimination occurred.

3. Commission on Women, Children and Seniors  
18-20 Trinity Street  
Harford, CT 06106  
Tel: (860) 240-1475
4. Regulation of Wages Division, Connecticut Labor Department  
200 Folly Brook Boulevard  
Wethersfield, CT 06109  
Tel: (860) 566-3450
5. Wage and Hour and Public Contracts Division  
United States Labor Department  
135 High Street  
Hartford, CT 06103  
Tel: (860) 240-4277



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.  
Commissioner

Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

### NON-DISCRIMINATION IN THE PROVISION OF THE DEPARTMENT OF PUBLIC HEALTH PROGRAMS AND SERVICES

It is the policy of the Department of Public Health to fully comply with state and federal law non-discrimination requirements. The following statutory prohibitions against discrimination shall be adhered to, by all staff, in all Department of Public Health operated programs and services.

- \* Pursuant to Sections 46a-64, 46a-71, and 46a-74, of the Connecticut General Statutes (Conn. Gen. Stat.) all services of a state agency shall be provided without discrimination based upon race, color, religious creed, national origin, ancestry, sex, age, marital status, intellectual disability, learning disability, mental disability, physical disability, genetic information, gender identity or expression, or sexual orientation.
- \* Pursuant to Title VI of the U.S. Civil Rights Act of 1964, as amended, discrimination on the grounds of race, color, or national origin is prohibited in programs and activities receiving federal financial assistance.
- \* Pursuant to the U.S. Age Discrimination in Employment Act of 1975, as amended, discrimination on the basis of age is prohibited under any program or activity receiving federal financial assistance.
- \* Pursuant to Title II of the U.S. Americans with Disabilities Act of 1990, no person with a disability as defined by ADA shall, by reason of such disability, be excluded from participation in or be denied the benefits of any state operated programs, services or activities.
- \* Pursuant to Section 504 of the U.S. Rehabilitation Act of 1973, discrimination solely on the basis of handicap is prohibited in programs and activities receiving federal financial assistance. Further, persons who are HIV-infected are considered to be handicapped under Section 504, and may not be subjected to discrimination or segregation solely on the basis of HIV status.
- \* Pursuant to Sections 46a-64, 46a-71 and 46a-74 of the Conn. Gen. Stat discrimination in accessing programs and services on the basis of HIV status including; public accommodation, unequal or restricted services, refusal to provide medical treatment and unnecessary referrals is prohibited.



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Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

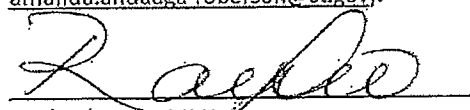
*Affirmative Action/Equal Opportunity Employer*



- \* Pursuant to Section 46a-64c of the Conn. Gen. Stat. and the National Fair Housing Amendments of 1989 discrimination in; the sale, rental or eviction of housing due to of HIV or AIDS status is prohibited.
- \* Pursuant to Title III of the Americans with Disabilities Act discrimination in accessing programs and services on the basis of HIV status including; denying "full and equal enjoyment" or the "opportunity to benefit" from medical services in the same manner as other patients," "eligibility criteria" which tend to screen out patients who have tested positive for HIV, providing "different or separate" services, failing to provide services to patients in the "most integrated setting" or denying equal medical services to a person who is known to have a "relationship" or "association" to a person with HIV/AIDS, such as a spouse, partner, child, or friend is prohibited.
- \* Pursuant to US HHS 45 CFR Part 92, Section 1557 of the Affordable Care Act prohibits discrimination based on race, color, national origin, sex, age or disability. Section 1557 broadly prohibits sex discrimination in certain health programs and activities including those that receive Federal funds. This prohibition includes discrimination based on an individual's sex, to include gender identity and sex stereotypes and treating individual's consistent with their gender identity, including with respect to access to facilities. Covered entities are prohibited from discrimination by excluding, delaying or denying services or benefits because an individual identifies as belonging to a different gender than the gender for which services are ordinarily available. Health programs that are sex-specific are allowed only where these programs are substantially related to an important health-related or scientific objective. Covered entities are prohibited from discrimination by segregating, delaying or denying services or benefits based on individual's race, color or national origin and may not delay or deny effective language assistance services to individuals with Limited English Proficiency. Covered entities must make reasonable modifications to policies and practices where necessary to provide equal access, make health programs and activities provided through electronic and information technology accessible to individuals with disabilities, post notice of covered individual's rights and communications assistance, such as providing free auxiliary aids/services or alternate formats as appropriate. Complaints may also be filed via US HHS Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

No person shall be excluded from participation in, denied the benefits of or be otherwise subjected to discrimination, as outlined herein, in any program, activity, or service operated by the Department of Public Health. Department of Public Health staff is required to demonstrate every good faith effort to enforce this non-discrimination policy and to assure full compliance with applicable civil rights statutes,

Questions and complaints may be directed to the Equal Employment Opportunity Manager, Amanda Anduaga-Roberson (410 Capitol Avenue, Hartford, CT, 06134, 860-509-7220 or via electronic mail: [amanda.anduaga-roberson@ct.gov](mailto:amanda.anduaga-roberson@ct.gov)).



Raul Pijo, MD, MPH  
Commissioner, Department of Public Health

09/05/18  
DATE

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

### AMERICANS WITH DISABILITIES ACT POLICY STATEMENT

The Department of Public Health commits to fully comply with the non-discrimination requirements of the Americans with Disabilities Act (ADA) of 1990, the ADA, Amendments Act (ADAAA) of 2008 which took effect January 1, 2009, Section 504 of the U.S. Rehabilitation Act of 1973, and relevant state statutes which prohibit discrimination in all aspects of employment and services for individuals with disabilities.

This Department does not discriminate on the basis of disability in the administration of, or access to its programs, services or activities and is committed to equal employment opportunity for employees and job applicants with disabilities.

We recognize the fact that identical treatment may be discriminatory treatment for individuals with disabilities. Therefore, this Department will take the positive actions necessary to ensure that individuals with disabilities have access to all programs, services or activities.

#### Who has a Disability under the ADA?

Under the ADA, a person with a disability is defined as an individual who has a (1) physical or mental impairment that substantially limits one or more major life activities; (2) a record of such an impairment, or (3) is regarded as having such an impairment. Major life activities include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

#### Reasonable Accommodations

In the workplace the Department will reasonably accommodate otherwise qualified individuals with a disability unless such accommodation would impose an undue hardship, fundamentally alter the nature of programs, services, or impose an undue financial or administrative burden.

Employees or job applicants with a disability as defined by the ADAAA may request accommodation in order to perform the essential functions of their job or to gain access to the hiring process. Appropriate reasonable accommodation shall be determined through an interactive problem-solving process, which includes the individual with the disability, the



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*Affirmative Action/Equal Opportunity Employer*



Human Resource Section, the Branch (to which the employee is assigned), and the Equal Employment Opportunity Manager.

I have designated the following for the Department:

**Americans with Disabilities Act Intake Coordinator:** The DPH Human Resources Section (410 Capitol Avenue, Hartford, CT; Phone: (860) 509-7177) will serve as the Americans with Disabilities Act Intake Coordinator. HR Staff are available to counsel employees regarding disability rights issues, as well as to receive and review requests for accommodation. Requests and related medical paperwork for Reasonable Accommodation Requests should be submitted directly to Human Resources. The Department has business and operational discretion on the approval of such requests.

**Americans with Disabilities Act Compliance Coordinator:** The DPH Equal Employment Opportunity Manager, Amanda Anduaga-Roberson (410 Capitol Avenue, Hartford, CT; Phone: 860.509.7220) will serve as the Americans with Disabilities Act Compliance Coordinator. She is available to counsel individuals regarding disability rights issues, and to receive/address discrimination complaints on the basis of failure to accommodate in accordance with the Department's Reasonable Accommodation process, and under the Americans with Disabilities Act and Americans with Disabilities, Amendments Act of 2008.

**In connection with other Department programs, services or activities**

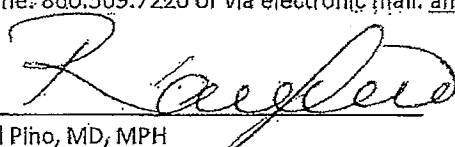
Individuals with a disability who require aid, service or an accommodation to fully and fairly participate in Department programs, services or activities should contact the related Branch individuals providing the program, service activity and/or the ADA Compliance Coordinator (see above). Individuals should be prepared to provide a description of specific needs/limitations.

**Retaliation**

The Department prohibits retaliation against individuals who request accommodation(s) or otherwise exercise their rights under the ADA, Connecticut Law or this Policy. Agents of the Department shall not retaliate against, coerce, intimidate, threaten, harass or interfere with any individual exercising or enjoying their rights. Retaliation because an individual aided or encouraged any other individual(s) to exercise their rights under the ADA, Connecticut Law or this Policy is also prohibited.

**Complaints**

Reasonable Accommodation Complaints pertaining to (1) requests made and not reasonably accommodated, (2) a service, program or activity that is not accessible or (3) retaliation for exercising ones rights should be directed to: the DPH Equal Employment Opportunity Manager, Amanda Anduaga-Roberson (410 Capitol Avenue, Hartford, CT; Phone: 860.509.7220 or via electronic mail: [amanda.anduaga-roberson@ct.gov](mailto:amanda.anduaga-roberson@ct.gov)).

  
Raul Pino, MD, MPH  
Commissioner, Department of Public Health.

  
DATE

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH  
Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

From: Abdi Elmi, Section Chief Fiscal Services  
Date: July 23, 2019  
Subject: Fringe & Indirect Rate for State Fiscal Year 2020

### FISCAL MEMORANDUM 20-01

According to the Connecticut Office of State Comptroller (OSC) Memorandum No. 2019-07, the 2019-2020 fringe benefit recovery rates are listed below:

#### OSC Fringe Benefit Recovery Rate – Memorandum No. 2019-07 Fiscal Year 2020 (7/1/2019 – 6/30/2020)

Account Code	Rate	Description
50430	0.00%	Unemployment Compensation
50471	59.99%	Employer SERS Retirement Regular Employee
50441	6.20%	Employer Share FICA – Social Security
50442	1.45%	Employer Share FICA – Medicare

Please use the following fringe benefit rates for federal grants for newly proposed positions. These estimates are for planning purposes only.

#### Department of Public Health – Fringe Benefit Rate Estimate Fiscal Year 2020 (7/1/2019 – 6/30/2020)

Account Code	Rate	Description
50410	0.12%	Life Insurance
50420	23.30%	Medical Insurance
50430	0.00%	Unemployment Compensation
50471	59.99%	Employer SERS Retirement Regular Employee
50441	6.20%	Employer Share FICA – Social Security
50442	1.45%	Employer Share FICA - Medicare

**Estimated Fringe Benefit Rate = 91.06%**

**Total Indirect Cost Rate = 40%**



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2020 Grant Program

6.23.2020

## LEAD TESTING IN SCHOOL AND CHILD CARE PROGRAM DRINKING WATER GRANT

### WORK PLAN FOR THE STATE OF CONNECTICUT

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#### Summary Statement

The State of Connecticut Department of Public Health (CT DPH) is committed to addressing lead in drinking water in our schools and child care facilities, and overall reduction of childhood lead exposure across our state. The CT DPH's Drinking Water Section (DWS) provides technical assistance, education and regulatory enforcement to approximately 2,500 public drinking water systems in Connecticut that provide public drinking water to approximately 2.9 million people on a daily basis. The DWS is entrusted to protect and promote healthy people in healthy Connecticut communities by assuring the use and distribution of high quality public drinking water for human consumption.

In 2016, the CT DPH DWS developed and coordinated a voluntary drinking water testing program for lead in schools in 5 cities with the highest childhood blood lead levels (Hartford, New Haven, Meriden, Waterbury and Bridgeport). The program brought together DWS engineers, local health directors, the DPH Lead Program, the Public Health Laboratory, and water companies in order to offer free drinking water testing and technical assistance to schools in these cities. Further, the DWS engineering staff provided technical assistance to school administrators to address any test results with high lead levels.

With the funding appropriated under Section 1464(d) of the Safe Drinking Water Act, amended by Section 2107 of the 2016 Water Infrastructure Improvement Act (WIIN), the CT DPH will continue and expand on its efforts to assist local schools and child care facilities in testing for lead contamination while utilizing EPA's *3Ts for Reducing Lead in Drinking Water* guidance. This will include the prioritization of facilities serving younger children (ages 6 and under), underserved and low-income communities, and facilities that are older and more likely to contain lead plumbing.

The CT DPH will use EPA's 3Ts guidance as a model to ensure: (1) **Communication** of results and important lead information to the public, parents, teachers, and larger community throughout the implementation of the program; (2) **Training** on the risks of lead in drinking water and testing for lead, as well as developing key partnerships to support the program; (3) **Testing** using appropriate testing protocols and the certified CT DPH laboratory; and (4) **Taking Action** by developing a plan for responding to results of testing conducted and addressing potential elevated lead where necessary.

## **SCOPE OF WORK**

This workplan will detail the use of the FY20 WIIN Act 2107 allotment in which the CTDPH is applying. These funds will supplement the FY18 and FY19 allotments previously awarded to the CTDPH for implementation of their lead testing program in schools and child care facilities.

In responding to the Coronavirus Disease 2019 (COVID-19) Pandemic, the Connecticut Department of Public Health (DPH) has remained open for business and available during normal business hours (M-F 8-4:30). However, during this time, most staff are working remotely to better protect our workforce in order to serve the public. Equally, the COVID-19 pandemic has influenced many of our current work-related items and how we as a Department conduct our work practices. This section is a discussion of the CT DPH's plan to implement a lead testing program in schools and child care facilities and how this program will meet goals as they relate to the reduction of lead in drinking water exposure in children. This plan may need an amendment in the event COVID-19 prohibits the coordination and implementation of workplan activities within the planned timeline.

The scope of work contained in this project description includes the following categories and information.

- I. STATE GOALS AND PRIORITIES
- II. PROGRAM IMPLEMENTATION AND ACTIVITIES
- III. ROLES AND RESPONSIBILITIES
- IV. TIMELINE AND MILESTONES
- V. WIIN PROGRAMMATIC PRIORITIES AND EPA'S STRATEGIC PLAN LINKAGE
- VI. ANTICIPATED OUTCOMES/OUTPUTS
- VII. BUDGET NARRATIVE

APPENDIX A: External Collaboration Team

APPENDIX B: Two Year Budget

### **I. STATE GOALS AND PRIORITIES:**

Connecticut has a total of 576 schools containing Pre-K to Grade 2, 156 of those schools classify as disadvantage schools within the state's 169 towns, and approximately 1,300 Center and Group childcare facilities. CT DPH has identified goals and priorities consistent the priorities outlined in EPA's State Lead Testing in School and Child Care Program Drinking Water Grant Implementation Document (found here: [www.epa.gov/safewater/grants](http://www.epa.gov/safewater/grants)).

In accordance with the America's Waters Infrastructure Act (AWIA) of 2018, which amended the SDWA Section 1464(d), the CT DPH will assist in voluntary testing for lead contamination in drinking water at schools and child care facilities that are in low-income areas. This is described based upon the affordability criteria established by the State under SDWA section 1452(d)(3). This may include Schools with at least 50% of the children receiving free and reduced lunch and Head Start facilities.

Other priorities will include elementary and child care programs that primarily care for children 6 years and under; older facilities that are more likely to contain lead plumbing (e.g. facilities built before lead ban of 1988); and established and sustainable child care programs without factors indicating that the building may not be serving as a child care facility in the future.

It is Connecticut's goal to reduce lead exposure at these facilities by testing for lead, identifying potential lead sources, and taking action. Using the priorities listed above, this testing effort includes the goals of:

- a. Offering voluntary testing of all outlets used for consumption at 50% of the total disadvantaged Pre-K to Grade 2 schools in the state by the end of the project period.
- b. Offering voluntary testing of all outlets used for consumption at 25% of the total licensed group and center child care facilities in the state by the end of the project period.
- c. Providing education about lead and the importance of testing to all public Pre-K through Grade 2 schools and group and center child care facilities in the state, regardless of whether they participate in the voluntary lead testing program.

## II. PROGRAM IMPLEMENTATION AND ACTIVITIES:

The CT DPH will utilize EPA's 3Ts guidance ([www.epa.gov/safewater/3ts](http://www.epa.gov/safewater/3ts)) to implement a Connecticut program to help protect children from lead exposure in drinking water at schools and child care facilities.). This includes efforts to (1) **Communicate** results and important lead information to the public, parents, teachers, and larger community throughout the implementation of the program; (2) **Train** on the risks of lead in drinking water and testing for lead, as well as developing key partnerships to support the program; (3) **Test** using appropriate testing protocols and the CT DPH certified laboratory; and (4) **Take Action** by developing a plan for responding to results of testing conducted and addressing potential elevated lead where necessary.

Below are specific activities included in these key elements:

- a. **Communication:** The CT DPH will continue to establish key partnerships to support the program, as well as keeping the public informed (see more on partnerships in Appendix A). This includes verbal and written communication with the school and child care communities regarding drinking water testing for lead and notification requirements under this grant program.

Specifically:

- Notifications will occur at least 15 days prior to testing at that facility
- Testing results will be shared with the school or child care community as soon as possible, but no later than 2 weeks following the receipt of the final results.
- General public education and updates to the testing website will be made on an ongoing basis and can be accessed by the public (<https://portal.ct.gov/DPH/Drinking-Water/DWS/Drinking-Water-Section>). In addition, schools and child care facilities will make available, in the administrative



offices and on their public website, if applicable, a copy of the results of any voluntary testing.

- One quarterly meeting will be held among the Internal Collaboration Team members.
- One quarterly meeting will be held among the External Collaboration Team members.
- Weekly Lead Team meetings will be held.

The CT DPH has identified our target audiences as: the school and child care communities (e.g. parents, teachers, and staff), with a priority to schools and child care programs in low-income areas (e.g., Schools with at least 50% of the children receiving free and reduced lunch and Head Start facilities), local health officials, environmental health specialists, town/ city officials and the drinking water community (e.g. utilities serving these facilities).

- b. **Training:** Training will include education and training on the health effects of lead, sources of lead, importance of lead testing, sampling procedures, and control measures to reduce lead exposure. The CT DPH will also post resources and materials on its website for access by the public.

The CT DPH will continue to develop key partnerships to support the program and help train staff. These are detailed in Appendix A. The CT DPH will hire a consultant to assist in the voluntary lead testing drinking water program for communication, training, testing and taking action activities. At a minimum, these educational resources will be made available for any and all schools and child care facilities whether or not they choose to volunteer for this program.

- c. **Testing:** The CT DPH is utilizing EPA's 3Ts guidance 2-step sampling protocol, as described at [https://www.epa.gov/sites/production/files/2018-09/documents/module\\_5\\_3ts\\_2-step\\_sampling\\_protocol\\_508.pdf](https://www.epa.gov/sites/production/files/2018-09/documents/module_5_3ts_2-step_sampling_protocol_508.pdf), and the CT DPH laboratory, which is certified to test lead in drinking water, to process and analyze samples collected under this program. To reach as many facilities as possible, an initial 250 mL first draw sample will be taken at each tap utilized for drinking water consumption, such as water fountains, kitchen/cafeteria sinks, and nurse's stations. Follow up flush samples will be taken at locations identified with elevated lead. Outlets not being tested, which may include utility sinks, bathrooms etc., will be labeled as "not for drinking water."

The CT DPH will hire a consultant to assist in developing sampling plans and conducting initial site assessments, collecting initial and follow-up flush samples at identified facilities, working with school and child care facilities to ensure transparency of lead testing results, and education and outreach.

The CT DPH anticipates:

- 39 disadvantaged Pre-k through Grade 2 schools to be tested;
- 162 group and center child care facilities to be tested; and

- 10% of the taps to require additional sampling (e.g. follow-up flush sampling).

All sampling efforts under this program will be properly coded and recorded using the coding system and recordkeeping recommendations identified in EPA's 3Ts guidance.

- d. **Taking Action:** CT DPH will develop a plan for responding to results of testing conducted and addressing potential elevated lead where necessary. Responses to results will follow remediation recommendations in the 3Ts guidance. The initiative includes required action at sample sites with results above the state action level of 15 ppb (the action level in the federal lead and copper rule). This plan also includes the sampling post-remediation to ensure efforts to reduce lead levels were effective.

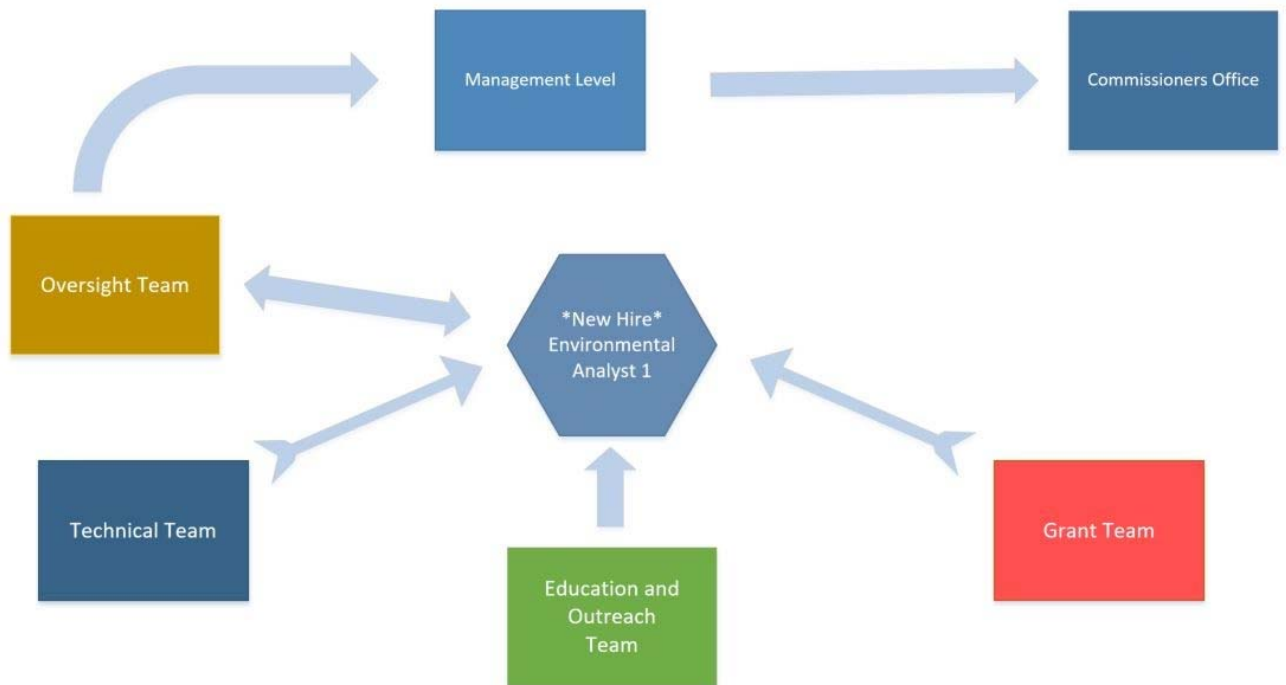
### III. ROLES AND RESPONSIBILITIES:

A list of roles and responsibilities are listed below, and additional project partners are identified in Appendix A. An illustration of the CT DPH DWS' organizational chart as it relates to the roles outlined below is shown in Figure 1. Figure 2 demonstrates the linkage made between the EPA's *3Ts for Reducing Lead in Drinking Water* guidance and the way in which the DWS organized its team structure to fulfill the grant requirements.

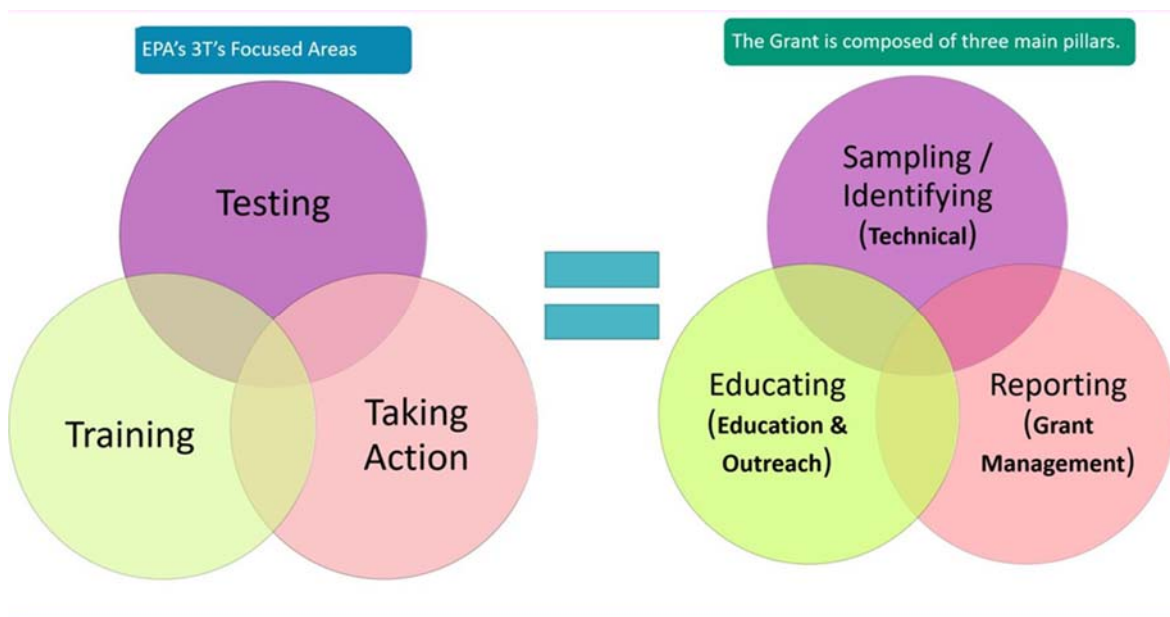
<b>Oversight Team:</b> Serves as the overarching strategic team	<i>DWS Staff</i>  <i>*Public Health Branch Chief, Health Services Water Supply Section Supervisor, Health Program Supervisor and Environmental Analyst 2.</i>
<b>Lead Team:</b> This team has been established since 2016 and is comprised of DWS staff from different units and will assist in coordinating grant efforts, assist in tracking and reporting activities, and issue quality control and quality improvement guidance.	<i>DWS Staff</i>  <i>*Many members are identified as members of the Technical Team, Education &amp; Outreach Team or Grant Team</i>
<b>Internal Collaboration Team:</b> Members include CTDPH DWS Lead Team (Coordination, tracking, reporting), Environmental Health Section (lead/ toxicology etc. advisory role on health), Local Health Administration (advisory and coordination w/ LHD), Office of Health Equity (advisory), DPH Laboratory (sample analysis)	<i>CT DPH Programs</i>
<b>Technical Team:</b> Fulfilling sampling and identifying phase	<i>Volunteer DWS Sanitary Engineers &amp; Environmental Analysts</i>
<b>Education and Outreach Team:</b> Will educate school and child care communities on the importance of LEAD, provide information and best practices in remediation strategies	<i>Volunteer DWS Sanitary Engineers &amp; Environmental Analysts</i>

<b>Grant Team:</b> Fulfilling of grant reporting and management requirements	<i>DWS Grants &amp; Administration Unit Staff</i>
<b>Environmental Analyst:</b> Coordinate and communicate among all project partners regarding testing plans, results, training and remediation efforts; development of templates and DWS website materials, as well as creating a database to record and track sample data.	<i>*New DWS Environmental Analyst 1</i>
<b>Consultant:</b> Will assist in implementation of grant workplan activities	<i>*Consultant to be hired via RFP Process</i>
<b>Local Health Department/ External Partners:</b> Communicate/ Train/ Test/ Take Action- fee for services- flat rate. The External Partnership Team will serve as a quasi-coalition to serve as a guiding principal in quality control and improvement.	<i>Participating Local Health Depts/ District Officials / External Partners</i>

**Figure 1: CT DPH DWS Lead Grant Organizational Chart**



**Figure 2: Linkage between EPA's 3T's Focus Areas & the CT DPH Organizational Structure**



#### IV. TIMELINE AND MILESTONES:

A detailed timeline for the project, including milestones for specific tasks, can be found below.

- **FY2021 Quarter 1:** Continued solicitation of project partners; Environmental Analyst to work on RFP for consultant; receive funding from federal award agency; Hold one quarterly meeting each of the Internal Collaboration Team and External Collaboration Team; Hold weekly Lead Team meetings.
- **FY2021 Quarter 2:** Environmental Analyst to work on contract with consultant. development of sampling record keeping/ procedural documents/ notification templates/ test result response plan ; recording of and correspondence with interested prioritized cities/ towns regarding grant testing and notification requirements; print signage “not for drinking water”; Hold one quarterly meeting each of the Internal Collaboration Team and External Collaboration Team; Hold weekly Lead Team meetings.
- **FY2021 Quarter 3** Notification of available testing services to prioritized cities/ towns; publish resources and information on CT DPH DWS webpage; public communication about the grant program; training of program personnel; Begin collection of important information pertaining to sampling (e.g. past sampling activities, records, building construction, building layouts) for participating city/ town facilities; Hold one quarterly meeting each of the Internal Collaboration Team and External Collaboration Team; Hold weekly Lead Team meetings.
- **FY2021 Quarter 4:** Continue to develop sample site plans (including any plumbing profiles and/or walk-throughs needed for first set of facilities); notify the school and child care community of plan to sample and important information about lead in drinking water; and begin initial sampling at facilities identified by the priorities listed in the previous section; Hold one quarterly meeting each of the Internal Collaboration Team and External Collaboration Team; Hold weekly Lead Team meetings.
- **FY2022 Quarter 1:** Continue to develop sample site plans; notify school and child care community of plan to sample and important information about lead in drinking water; and conduct initial sampling at facilities identified by the priorities listed in the previous section; take action where elevated lead levels are identified; share result of testing as soon as possible but no later than two weeks after receipt of final results; support schools and child care programs in community outreach; conduct follow-up sampling where needed; Hold one quarterly meeting each of the Internal Collaboration Team and External Collaboration Team; Hold weekly Lead Team meetings.
- **FY2022 Quarter 2:** Conduct initial sampling at facilities identified by the priorities listed in the previous section; take action where elevated lead levels are identified; share results of testing as soon as possible but no later than two weeks after receipt of final results; support schools and child care programs in community outreach; Hold one quarterly meeting each of the Internal Collaboration Team and External Collaboration Team; Hold weekly Lead Team meetings.
- **FY2022 Quarter 3:** Continue to develop sample site plans; notify school and child care community of plan to sample and important information about lead in drinking water; and

conduct initial sampling at facilities identified by the priorities listed in the previous section; take action where elevated lead levels are identified; share result of testing as soon as possible but no later than two weeks after receipt of final results; support schools and child care programs in community outreach; conduct follow-up sampling where needed; Hold one quarterly meeting each of the Internal Collaboration Team and External Collaboration Team; Hold weekly Lead Team meetings.

- **FY2022 Quarter 4:** Continue to develop sample site plans; notify school and child care community of plan to sample and important information about lead in drinking water; and conduct initial sampling at facilities identified by the priorities listed in the previous section; take action where elevated lead levels are identified; share result of testing as soon as possible but no later than two weeks after receipt of final results; support schools and child care programs in community outreach; conduct follow-up sampling where needed; Hold one quarterly meeting each of the Internal Collaboration Team and External Collaboration Team; Hold weekly Lead Team meetings.

## **V. WIIN PROGRAMMATIC PRIORITIES AND EPA’S STRATEGIC PLAN:**

The principal objective of the assistance to be awarded under this program is to provide grants to states to help local education agencies to test schools and child care facilities for lead contamination in drinking water, utilizing EPA’s 3Ts guidance or applicable state regulations or guidance that are not less stringent. The objective of the Program is to: (1) Reduce children’s exposure to lead in drinking water; (2) Help states target funding toward schools and child care programs unable to pay for testing; (3) Utilize the 3Ts model or model no less stringent to establish best practices for a lead in drinking water prevention program; (4) Foster sustainable partnerships at the state and local level to allow for more efficient use of existing resources and exchange of information among experts in various educational and health sectors; and (5) Enhance community, parent, and teacher cooperation and trust.

The activities described in this work plan support the WIIN Programmatic Priorities and EPA’s FY 2018-22 Strategic Plan, Goal 1, “Core Mission: Deliver real results to provide Americans with clean air, land, and water, and ensure chemical safety,” Objective 1.2, “Provide for Clean and Safe Drinking Water: Ensure waters are clean through improved water infrastructure and, in partnership with states and tribes, sustainably manage programs to support drinking water, aquatic ecosystems, and recreational, economic, and subsistence activities.”

## **VI. ANTICIPATED OUTCOMES/OUTPUTS:**

Outputs and outcomes expected to be achieved under the agreement are described below.

**Outputs** for this project include: (1) Use the EPA’s 3Ts for Reducing Lead in Drinking Water guidance to implement the state program; (2) Prioritization of testing to target vulnerable communities and populations: schools and child care programs in underserved and/or low-income communities; elementary and child care programs that primarily care for children 6 years and under; and older facilities that are more likely to contain lead plumbing; (3) Providing results of

any voluntary testing for lead contamination in school and child care facility drinking water carried out using grant funds and notifying parents, teachers, and organizations of the availability of the results; and (4) Establishment of routine practices such as those outlined in the 3Ts guidance.

**Outcomes:** for these projects include: (1) Schools or child care programs, unable to pay for testing, implementing a testing program and mitigating lead exposure by utilizing the 3Ts toolkit in determining best action to take for remediation; (2) The reduction of children's exposure to lead in drinking water; (3) Improvement of staff and community knowledge on lead in drinking water and other environmental harms; (4) Water quality improvement and lead exposure reduction in drinking water. (5) Fostering sustainable partnerships at the state and local level to allow for a more efficient use of resources and the exchange of information among experts in various areas of school, child care, utility, and health sectors; and (6) The enhancement of community, parent, and teacher trust.

## **VII. BUDGET NARRATIVE:**

The CT DPH will expeditiously utilize federal funds awarded under this grant to provide testing services, analysis, education, outreach, and technical assistance in support of the development and implementation of this voluntary lead testing program in schools and group and center child care facilities.

The following have been itemized in the attached budget located in Appendix B.

- *Personnel Costs:*

- o \* Environmental Analyst 1- Due to decreasing resources and increasing priorities, the DWS has hired one Environmental Analyst 1 (EA1) full-time equivalent (FTE) to ensure the goals and objectives of this federally funded grant are sufficiently met. The State of Connecticut EA1 classification performs a range of tasks in the planning, monitoring, implementation and evaluation of environmental program data and issues and assists in the development of recommendations for courses of action. This FTE's sole function will be a focus on the Environmental Protection Agency's (EPA's) *Lead Testing in School and Child Care Program Drinking Water Grant*, which will require the completion of multiple tasks related to serving as the immediate point of contact in all grant communication, public outreach, technical and educational support duties, as well as ensuring core grant requirements are achieved and tracked in compliance with the guidance of the EPA's *3Ts for Reducing Lead in Drinking Water*. This EA1 will work directly with the consultant hired on all contracted tasks.

There may be times in which DWS Staff identified with a role within the Technical Team, Education and Outreach Team and Grant Team must work outside their 35-hour full-time work week to assist in taking samples or to participate in an evening public forum. In these cases, it is a possibility a minimum amount of straight overtime may be necessary.

- *4% Administrative Costs:*
  - o Up to 4% of the Connecticut's total award will be used to cover administrative costs, such as record keeping, reporting, personnel costs on grant administrative functions, travel, office supplies, and printing of grant related materials.
- *Contractual:*
  - o Consultant will be hired through a Request for Proposal process to assist in development of sampling plans, taking samples, education and outreach, collaboration with schools and other project partners etc., as identified in the 3T's Communicate/ Train/ Test/ Take Action strategy.
- *Other:*
  - o Lead in Drinking Water Sampling at point of consumption (for drinking & cooking) in 3T's. Each sample is estimated to cost ~\$30/ each, and is inclusive of lab technician, consumable lab supplies, standards and reagents etc.



## **APPENDIX A: EXTERNAL COLLABORATION TEAM**

Below are partners that will be involved in this program.

- CT DPH Drinking Water Section – Oversight Team
- CT DPH Hired Consultant
- Connecticut Office of Early Childhood- Division of Licensing
- Department of Administrative Services
- CT Section- American Water Works Association- Education & Outreach Committee
- Department of Education- educating the superintendents re: on flushing and program
- The Connecticut Association of Directors of Health (CADH)

Additional Partners will include:

- Local Health Departments/ Districts
- Municipalities
- Water Utilities
- School Principals/Directors
- School board
- School nurse, Cafeteria staff, Athletics staff, and Teachers
- Parents and Parent Teacher Associations (PTAs)
- Local plumbing and construction contractors/suppliers

APPENDIX B: TWO YEAR BUDGET

CT Dept of Public Health- Drinking Water Section

WIIN Act: Voluntary Testing Lead in Schools/ Child Care  
Project Period - Two Years Award: \$354,000

10/1/20-9/30/2022			Estimated Personnel Funding for 52 Pay Periods				
Name	Title	Position	Total Salary	Fringe Rate	Fringe	Indirect @ 40%	TOTAL
TBD- Hire Pending	Environmental Analyst 1	TBD (ES-19, Step 1)	\$103,658	91.06%	\$94,390	\$41,463	\$239,511
DWS volunteer staff/ Overtime	Sanitary Engineers/ Environmental Analysts		\$5,000	91.06%	\$4,553	\$2,000	\$11,553
Total Personnel Costs:			\$108,658		\$98,943	\$43,463	\$251,064

4% Administrative Costs  
Reporting, record keeping , office supplies, printing of placards for lav and lab sinks etc. \$14,160

Equipment  
\$0

Contractual  
Consultant to conduct workplan activities \$80,000

Other  
Pb in Drinking Water-Sampling (~\$30/ each) (inc. lab technician, consumable lab supplies, standards and reagents) \$8,776

\$102,936

Personnel \$251,064.20  
Expenses \$102,936.00  
TOTAL \$354,000

Remaining: \$0

\* No match required